Kansas Department on Aging
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
		N046023C	N046023C		B. WING			
NAME OF PROVIDER OR SUPPLIER STREET AD				DRESS, CITY, STATE, ZIP CODE				
ROYAL TERRACE NURSING & REHABILITATION CEN 201 E FLA OLATHE, I								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
S 000	INITIAL COMMENTS			S 000				
	The following citations represent the findings of a Non-compliance Revisit and Complaint Investigation #KS65320, #KS65512, #KS66305 and #KS65972.							
S 750 SS=E	28-39-160 OTHER RESIDENT SERVICES			S 750				
35-E	the facility shall inform legal representative in programs available in that are different from programs provided in facility. (6) The facility shall peach staff member be assignment to the secompletion of the trail employee's personned. (7) The facility shall peach specific to the needs special care section to the clinical care staff.	Before admission to a special care section, e facility shall inform the resident or resident's gal representative in writing of the services and orgams available in the special care section are different from those services and orgams provided in the other sections of the						
	by: The facility identified Seventeen residents Unit (SCU). Based o the facility failed to pr	is not met as evidence a census of 49 residence resided on the Special nobservation and interpovide a training programat worked on the SCU.	ts. Care view m for					

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				A. BOILDING.					
		N046023C		B. WING		C 06/12/2013			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•			
ROYAL TE	ERRACE NURSING & RE	HABILITATION CEN		201 E FLAMING RD OLATHE, KS 66061					
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) COMPLETE DATE		
S 750	Continued From page 1			S 750					
	Findings included:								
	 During an interview with licensed nursing staff J on 6/4/13 at 12:22 P.M. said he/she worked at the facility about 2 years and did not receive any special training prior to working on the SCU. He/she said that in other facilities he/she worked previously, he/she did receive training prior to working on a secured unit. An interview on 6/4/13 with direct care staff T at 1:15 P.M. said he/she worked at the facility and on the SCU for approximately 6 months and did not receive any additional training prior to working on the secured unit. Observation on 6/4/13 at 12:35 P.M. revealed the TV in the day/dining room on and muted and blue grass music played loudly from a compact disc (CD). 								
	there was approximat day/dining room at thi Broadway musical tur minutes and then quit muted. Three resider of the TV. A staff per less than 5 minutes to table eating fresh bree person read, the resider eader was the only preader. Staff was out mowing the grass, maday/dining room.	is time. The CD played nes skipped for about 5 playing, the TV was on its sat on 2 couches in son read from a book for 5 residents who sat all ad and jam. While the dent who sat next to the	n and front or t a staff						

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1040250	2/2013				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE 7IP CODE					
ROYAL TERRACE NURSING & REHABILITATION CEN 201 E FLAMING RD OLATHE, KS 66061					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
S 750 Continued From page 2 S 750					
care staff T said the TV was on and muted while the music played so the residents received both visual and auditory stimulation. He/she said as far as he/she knew none of the residents complained about not hearing the TV. An interview on 5/5/13 at 2:50 P.M. with administrative staff D acknowledged the staff working on the SCU did not receive specialized training from the facility prior to working there. The facility failed to provide a training program for each staff member prior to assignment on the special care unit.					